COMMONWEALTH OF VIRGINIA Requisiton **DEPARTMENT OF GENERAL SERVICES** Order No. DIVISION OF PURCHASES AND SUPPLY VIRGINIA DISTRIBUTION CENTER REQUISITION Sheet No. _____ of ____ P.O. BOX 1776 RICHMOND, VIRGINIA 23218 Date: _____ 19____ Invoice To: _____ Code: Agency/Fund Program Mail Code No. Address:___ _____ Zip Code: _____ Date Wanted: Code No. Telephone: Address:__ __ Zip Code: __ Shipment of the items listed on this requisition, as a charge against the accounts indicated, is hereby authorized and I certify that the funds are available to cover these items. Virginia Distribution Center use only keyed to D.P. _____ Authorized Date: _____ 19___ AUTHORIZED SIGNATURE AND TITLE FOR INSTITUTION USE ONLY CATALOGUE REQUISITIONED DESCRIPTION QUANTITY CODE NUMBER SHIPPED QUANTITY UNIT SIZE

Virginia Distribution Center (VDC) Requisition - Form DGS-45-011